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SHORT-TERM CONTRACT

Customer Information					
Name					
E-Mail					
Street or P.O. Box					
City, Town, or Village		State		Zip	
Phone Number(s)	Home ()	Work ()	Cell ()		

Boat/Car Information	
Make & Model	
Color	
Length & Width	
Vehicle License Plate	
Trailer License Plate	
Registration Number	State ____ Number _____
Dock Number	

Contract Type			
<input type="checkbox"/> Dock	<input type="checkbox"/> Dry Dock	<input type="checkbox"/> Launches	<input type="checkbox"/> Parking

